

INTERNSHIP >> APPLICATION FORM

Action Ventures 3015A 21 Street NE, Calgary, Alberta T2E 7T1
Tel. 403.204.1421 Toll-free: 1.888.443.2221
Fax: 403.204.1501 Email: mcsorell@actioncanada.org
Website: actionventures.ca

We want to help you begin your formal application process. Completing this form does not obligate you in any way, but it may be used by God to open new doors for you. We would encourage you to send us an electronic copy as well, which helps to speed the process.

GENERAL INFORMATION (please print clearly)

Name: _____ Gender (circle): M F
Current
Address: _____

Phone: _____ Email: _____

INTEREST

How did you hear about this opportunity?

What motivates you to apply for this internship?

HEALTH

How would you describe your health? (Fair, Good, Excellent) _____

Please list any health concerns you or your parents may have about you going on this mission's trip: _____

Are you presently on any medication?

EXPERIENCE

Briefly describe how and when you became a follower of Christ:

What evidence is there in your life that you are a child of God?

How would you describe your relationship with God today?

Do you have a home church? _____ Name of the church: _____
Denomination: _____

Are you involved in your home church? _____ How? _____

What would you say are your primary gifts? What are you good at?

What do you believe about...

1. The Bible

2. Salvation

3. Jesus

4. The Lost

Have you had any previous mission's experience?

_____ Please describe _____

How do you feel about functioning in a team or group setting?

Have you ever had to trust God for finances? (Please explain)

What Bible verses mean a lot to you and why?

What are you passionate about?

SERVICE

How would you rate your abilities in (1 to 10 with 1 being poor and 10 being excellent)

Music: _____

Do you play any instruments? What do you play? (please rate your abilities in those instruments as well)

Guitar: _____ Vocals: _____ Sound: _____ Other: _____

Bass: _____ Harmonies: _____ Technical: _____ Other: _____

Percussion: _____ Solo: _____ Keyboards: _____ Other: _____

Harp: _____

Drama: _____ What experience have you had?

Art: _____ What experience have you had?

Dance: _____ What experience have you had? _____

Public Speaking: _____ What experience have you had?

REFERENCES

Please give us the contact info for references of 3 of the following:

1. A Family Member > Name: _____ Email: _____
Phone: _____ Address: _____

2. A School Faculty Member > Name: _____ Email: _____
Phone: _____ Address: _____

3. A Pastor > Name: _____ Email: _____
Phone: _____ Address: _____

4. A Friend > Name: _____ Email: _____
Phone: _____ Address: _____

EMERGENCY CONTACTS

1. Name: _____ Email: _____ Phone: _____

2. Name: _____ Email: _____ Phone: _____

My answers in this application are true to the best of my knowledge. I agree to inform ACTION if there is any significant change in my health, medications, spiritual condition, or mental and physical ability to serve. I understand that personal references provided are the private opinions of the writer, and therefore not available to me. I release all persons contacted as references from liability for any negative results. I give consent to Action Ventures holding this personal information securely for as long as is necessary for application processing.

Signature: _____ Date: _____